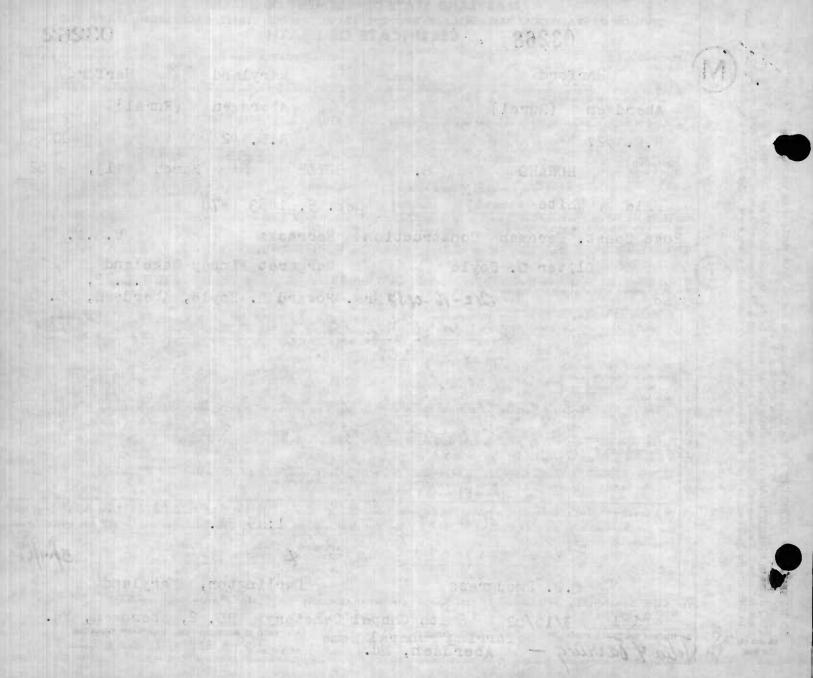
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03267 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Harford Maryland Harford MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give naarest town) N/A Aberdeen Aberdeen d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U. S. Army Hospital Aberdeen Proving Ground, Mardand 10 Defense Drive YES NO X completely DATE Month Day Year 72 DECEASED OF LANCE CHRISTIAN ANDERSON 62 (Type or print) DEATH March 19 within and cor B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days March 62 Male Can WIDOWED DIVORCED even physician USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) USA. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Olden Kyle Anderson, Jr. Patricia Elaine Hopewell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivawarordatesofservice) Father 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hrs 49 Central nervous system hemorrhage IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) burialgave risa to immediata cause DUE TO (a), stating the underlying cause last. the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO XXX Prematurity 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., atc.) While Not While Hour a.m. at work at work p.m. 1962, that (I) (we) last to 29 Mar 21. I certify that (I) (this hospital) attended the deceased from 0 and that death occured at 9:15AM, from the causes and on the date stated above. DIRECT Mar saw the deceased alive on.... shoul ATTENDING 22b. DATE 22a. SIGNATURE 29 Mar 62 SIGNED DIRECTOR PHYS. ERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MALCOLM McLEAN, CAPT, MC U. S. Army Hospital, APG, Maryland 23a, BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) · 호 중 noura 0 Muria 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03268 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Harford Harford by the and 2 death. Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Aberdeen (Rural) Aberdeen Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES X NO [completely 3. NAME OF Middle 4. DATE Month DECEASED OF B. HOWARD BOYLE DEATH March (Type or print) 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthdey) Months Hours Male WIDOWED [DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Nebraska U.S.A. Construction Road Const. Foreman e attending phy Then please r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Finney Wakeland Oliver C. Boyle Address R.D. 2. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyes give war or dates of sarvice) Mrs. Howard B. Boyle, Aberdeen, Md. NO 18. CAUSE OF DEATH (Entar only ona cause per line for (e), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: mas IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geva risa to Immadiete cause DUE TO (a), stating the underlying ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (State) Month, Day, Yeer factory, streat, offica bldg., etc.) Not While While Hour a.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from more to 1644 13 , 19 7, that (1) (we) last 1964, and that death occurred al. 145M, Pointhe causes and on the date stated above. saw the deceased alive on. ATTENDING DATE 22a. SIGNATURE DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Smodgrass Darlington. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. SURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) D. P. B RD. 2, Aberdeen, Md. Smith Chapel Cemetery Buria] 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24, TUNERAL DIRECTOR'S SIGNATURE Tarring AD Prineral Home VR A15 (4) MAR 1 6 '62 Ciring S. Tuma 15M 9/60 Aberdeen. Md. DATE

ARYLAND STATE DEPARTMENT OF HEALTH



1 28	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
should	03269 CERTIFICATE OF DEATH	03263
M	1. PLACE OF DEATH a. COUNTY HAR FORD MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If Institution a. STATE MARYLAND b. COUNTY MARYLAND	Residence before edmission) HARFORD
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) LIFE 32 BEL AIR LIFE	end give neerest town)
X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) — 104 E. BROADWAY 104 E. BROADWAY	ON A FARM?
	3. NAME OF DECEASED (Type or print) ANNIE HOPE CAIRNES OF DEATH MAR	Day Year 30 1962
儿	S. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UND last birthday) Month Month	ER 1 YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED A JAMES OF INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. done during most of working life, even if retired)	
	CLAIMS WORK - INS, CO, INSURANCE HARFORD CO, MD, 13. FATHER'S NAME GEORGE R. CAIRNES ARABELLE NELS ARABELLE NELS	U, S, A,
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	FRANKLIN
	(Tes, no, or unknown) (Ityesgive war or detes of service) 216-09-2244 MRS KATIE COALE BEC.	AIR, MD
	PART I. DEATH WAS CAUSED BY ARTERIO SCLEROTIC CARDIOVASC, DIS	ONSET AND DEATH
	Conditions, if eny, which gava rise to immediate cause (b) CARDIO-RESP. FAILURE	4 DAYS
	(e), stating the underlying DUE TO (c)	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.)	County) (Steta)
	21. I certify that (I) (this hospital) attended the deceased from IAPR 19.50 to 30 MAR, saw the deceased alive on 28 MAR 19.62, and that death occurred at 71.3 MArrom the causes and o	
	228. SIGNATURE THE ATTENDING MED. STAFF	22b. DATE SIGNED
,	22c. PHYSICIAN'S NAME (Type) H. P. SIDWELL 22d. ADDRESS HOIFRANKLI BEL AIR MD	N ST,
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or co	
3	Burial April 2, 1962 Bethel Presbyter an Cem. Rural Jarretts ville, it super will april williams St. Date 1883 3 62 Circles	
1	Just William Foto Bel Air, Margland DATE API 3 02	

4 7 CHESTAND DARLISHA THE ENGROPHY IN 104 E MELEDINA 27 ma 28 au CLAMS SEEK - TUSIED JAISVANIES HARFORD ED, MIS, U. S. A. GEORGE K. CHIRARS ARABILLE NELTEN CAN DIVERSITY OF THE BUSINESS THE PERSON SERVICES AND SERVICE The Walter Brown St. No. of the same National Control of the Control of t

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03270 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY Harford Harford MARYLAND the 12 b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town Bel Air Bel 2 after vears filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? North Atwood Road 3 North Atwood Road YES NO Z completely 3. NAME OF Middle Day DECEASED OF 1962 (Type or print) Elizabeth Mary Chambers DEATH March 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) and Female White April 5 WIDOWED [DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laundry Tennessee 5. Clerk-Typist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Massengill John 16. SOCIAL SECURITY NO. | 17. INFORMANT (Husband) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 3 N. Atwood Rd (Yes, no, or unkown) | (Ifyasgivewerordetesofservice) Mr. Rothales B. Chambers Bel Air. Md. 215-34-7429H 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH physicisismed by PART I. DEATH WAS CAUSED BY 36-48 HR IMMEDIATE CAUSE (a) DUE TO ARCINOMATOUS METASTASES Conditions, if any, which geve rise to immediate ceuse DUE TO (a), stating the underlying CERVICAL CARCINOMA couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY as of PERFORMED? NO CERTIFIC 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, Month, Dey, Yeer 201. (City or town) (County) (State) factory, streat, office bldg., etc.) Not While While Hour a.m. DIRECTOR 3 should be saw the deceased alive on...... 22b. DATE 22e. SIGNATURE STAFF SIGNED DIRECTOR FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Lesch. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Morristown. Hamblen Co. . Tenn. 0 Jernigan Cemetery Buria. 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE W. Broadwards Williams VR A15 (4) DATE MAR 2 8 '62 Cirling S. Thouse 15M 9/60 Bel Air. Maryland JOSEPH W. Foster

MARYLAND STATE DEPARTMENT OF HEALTH

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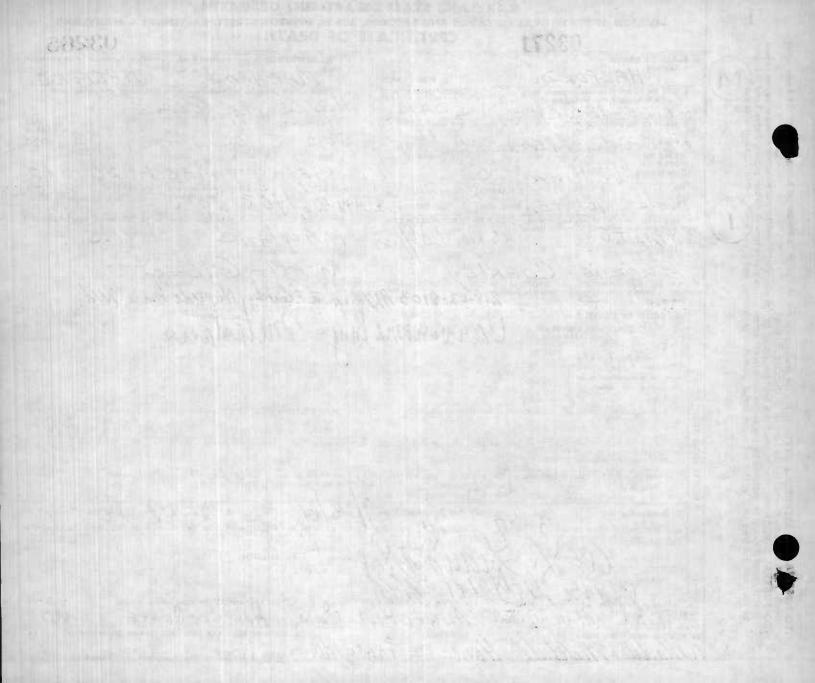
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY b. COUNTY d \$ 2 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) 2. dE Pages pe hours aft e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS ON A FARM? YES NO completely 3. NAME OF Dev Yeer Middle DECEASED DEATH (Type or print) 19 and cor withi AGE (fn yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED last birthday) Months Deys Hours DIVORCED WIDOWED OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN (Yes, no, or unkown) | (If yes give we ror dates of service) 720 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, ferm, (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While MEDI Hour e.m. at work et work p.m. 21. | certify that (1) (this haspital) attended the deceased from. Beath occured at 10 from the causes and on the date stated above. DIREC 3 shoul shoul saw the deceased alive on...! and that 22b. DATE 22e. SIGNATURE ATTENDING MED. SIGNED DIRECTOR PHYS. director, page Se filed with the PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME-THE NAME OF CEMETERY OR CREMAJORY 23d. LOCATION (City, town or county) (State) BURIAL, C 23c. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 DATE

24 hours after

certificate

death

RYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND 12 y CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporete limits, C LENGTH OF STAY IN 16 write RURAL and give nearest-town) ORACE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give, street address d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO TO completely 4. DATE DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 8. DATE OF BIRTH AGE In years I IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED last birthday) Months Sept.5.1887 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) d.Ceeil Co. Labor Forman State Road 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .5 Then please and Crothers Marv Linton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal (Yas, no, or unkown) | (If yes give wer or detes of servica 216-20-0703. Mrs C. Leroy McCardell . Rising Sun . Md . No 18. CAUSE OF DEATH [Enter only one cause ger line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which (b) geve rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, ferm, (Stete) 20f. (City or town) (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Yaer factory, street, office bldg., etc. Not While While Hour e.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from ILER Macch 25, 1962 that (1) (we) last 2.5....196.2., and that death occured at J.S.S.M., from the causes and on the date stated above. saw the deceased alive on...!! DATE 22e. SIGNATURE MED STAFF ATTENDING DIRECTOR PHYS. director, page director, page be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Clarence I. Benson, M.D. Port Deposit .Md . 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) (Specify) 3-28-1962 Asbury Cemetery Deposit Md. Rural 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTORS SIGNATURE VR A15 (4) Perryville, Md. DATEMAR 2 8 '62 Cirilwa S. Thousa 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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MARYL	AND STATE DEPARTMENT O	F HEALTH	
DIVISION OF STATISTICAL RESEARCE	CERTIFICATE OF DEATH	N STREET, BALTIMORE 1, MA	3267
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Brevin Russing Ho	me 415 ac	lleance	ON A FARM? YES NO C
(Type or print) Delia Hoj	be Sonnelly	OF DEATH 3/15/6.	2 19
Temale While WIDOWED	DIVORCED 09/5/16	Sell St birthdey) Months D	Deys Hours Min. ZEN OF WHAT COUNTRY
one during flost of working life, even if retired)	ione Cason	Ohn U	S. A.
John H. Hak	- Dusa	n Amith	200
no, or unkawn) (If yesgive werordates of sarvica) (In	Brown Susann &	Donnelly Hance	L. Grace Md
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ARDIAC ARREST		ONSET AND DEATH
Conditions, if any, which geverise to immediate ceuse	Prterosclerotic Heart	Disene	10 years
cause lest. (c)	BUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	1(a) 19, WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRI	BE HOW INJURY OCCURED, (Enter natura of injury in	Part I or Part II of item 18.)	YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)			ity) (State)
p.m. (7	et work		2 that (1) (wa) la
saw the deceased alive on3 - 15			
Levet D. At	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	3-17-62 SIGNED
NAME (Type) GUNTHER			(State)
REMOVAL (Specify) 3/19/63	mt cun	Handle Tha	u. Md.
Tungen for	21- 201		thous
WEDICAL CERTIFICATION	DIVISION OF STATISTICAL RESEARCE (13273) 1. PLACE OF DEATH (15 OWN) (if outside corporate lights, white RURAL and give peerest token) b. CITY OF OWN (if outside corporate lights, white RURAL and give peerest token) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital peece pee	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTO CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDEN 2. CIYOTH WHITE 2. USUAL RESIDEN 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital), give street dedress) 4. STREET ADDRESS 5. STRATE COLOR OF REACH (COLOR OF REACH COLOR OF REACH C	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M. 03273 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Vibra decessed lived, it lighthough the property of the

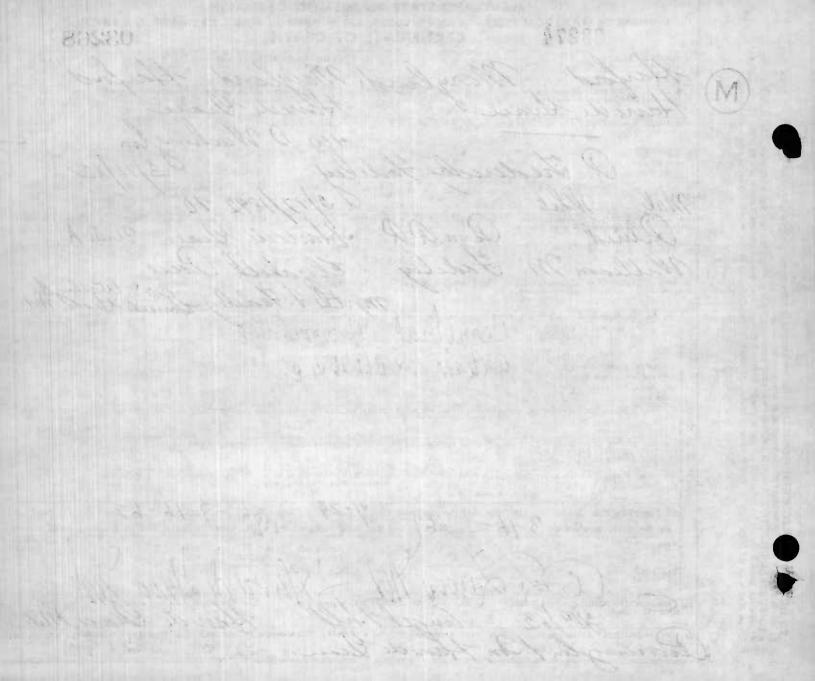
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, If Institution, Residence before edmission) WN (if outside corporete KAL and give neerest tow .⊆ Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO C completely papers. 3. NAME OF DATE 72 DECEASED OF (Type or print) DEATH within and cor OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In yeers ast birthday! Months Devs Hours WIDOWED DIVORCED physician гетоме DCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? nost of working life, even if retired) please by the attending promit. Then please WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or detes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, If eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? 80 NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING _ CAUSE OF DEATH After 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work DIRECTOR: p.m. h Dan, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 196 saw the deceased alive on... 22b. DATE 22e. SIGNATURE ATTENDING MED SIGNED DIRECTOR PHYS. FUNERAL page 22d. 22c. PHYSICIAN'S NAME (Type) ector, 23c. NAME OF CEMETERY 236. BURIAL CREMATION, | 236. DATE THEREOF OB CREMATORY 23d. REMOVAL (Specify) A di OL 25e. REC'D BY 25b. REGISTRAR'S SIGNATURE AL DIRECTOR'S SIGNA VR A15 (4) arthur S. Trans 15M 9/60

death

be retained

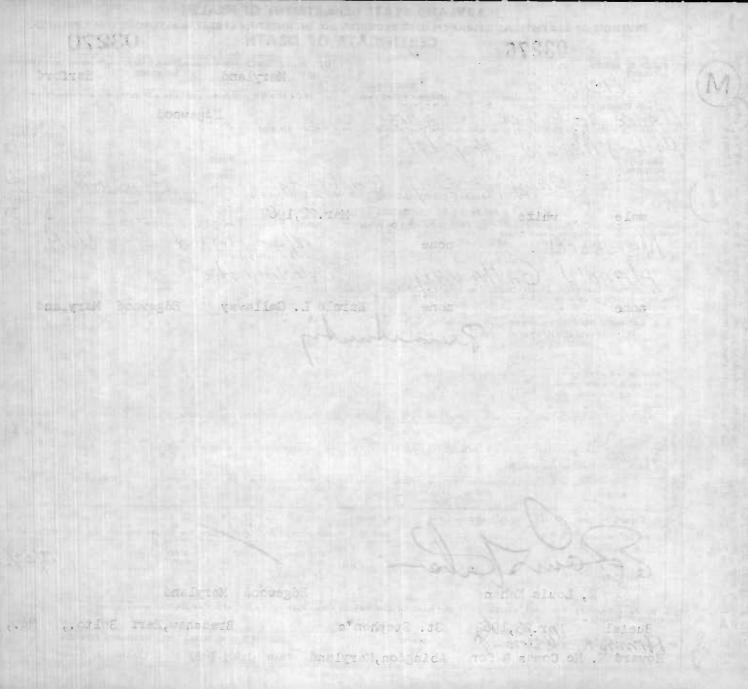
MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORD W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03275 funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institutions the d 2 RURAL and give neerest filled in Pages e. IS RESIDENCE ON A FARM? YES NO completely papers. 3. NAME OF Middle DECEASED OF DEATH (Type or print) 19 and cor UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED × Months Days Hours Min. WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? please attending U.S. ARMED FORCES? 1 16. SOCIA (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per INTERVAL BETWEEN line for (a), (b), and (c ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gava risa to immediate ceuse DUE TO (a), steting the undarlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 0 NO YES 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Whila Not Whila at work et work D.m 1962 to...... 26 19 53 and that death occured at S.P.M., from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 220. SIGNATURA ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, post filed v NAME OF CEMETERY OR CHEMATOR 23d. LOCATION (City, town or cou REMATION, 1 23b. DATE THEREOF REMOVAL (Specify) REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) arthur & Thous 15M 9/60

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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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the funeral)	a. COUNTY HAR Ford MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission as STATE Maryland b. COUNTY Harford
2	ノト	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) // write RURAL and give nearest 70wn)
2 1		Havre de Grace Lhrs, X Edgewood
aly filled rours hours		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDEN ON A FARM YES \(\sum NO \)
mplete paper n 72		NAME OF DECEASED (Type or print) Solve Call August Death 3 22 19 62
\$ P.G. ≥		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER YEAR IF UNDER 24 HR
	/	male white WIDOWED DIVORCED Mar. 22, 1962 yrs. 3 3
ertiil hysi rem rem		done during most of working life, even if retired none Mary land USA
ing p ease d in		HArold GALLAWAU BENNADEHE
tending li, an		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
at the all The The nova		(Yes, no, or unkown) (Ifyesgivewerordatesofservice) none Harold L. Gallaway Edgewood Maryland
ian.		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH
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ing ing transition		Conditions, if eny, which (b)
The I attend as bee burial ial, cre		gave rise to immediate causa (e), stating the underlying DUE TO
AN: I or I or the the		cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP
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PH he his for		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED YES NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUT
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ATTEN De retai CTOR ild be e e Dept.		21. I certify that (I) (this hospital) attended the deceased from
- H		saw the deceased plive on
DIRI 3 sho		226. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 3/254
ERAL page with th		22c. PHYSIGIAN'S PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 22d. ADDRESS
ZED	1	22d. ADDRESS NAME (Type) Louis Kahan Edgewood Maryland
光本学 20年		236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
H H	0	Baeial Mar 73,1967 St. Stephen's Bradshaw, Balto., Md.
VR A15 (4) 15M 7/61	10	Howard K. Mc Comas & Son Abingdon, Maryland Date MAR 2 7 '62 Cuthur S. Trans
	M. I	1 4460 47



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4	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	03277 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH
×9 €	e. COUNTY b. COUNTY b. COUNTY
essary, rr. Page files. Health	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
our files.	write RURAL and give neerest town)
is necess director. or your fi	K & V
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARMI
3 0 0 0	ROYNT HOUSE N. MAIN STREET YES NO X
E 2 200	3. NAME OF First Middle (FACLEY) ast 4. DATE Month Day Year DECEASED OF A
_ C W D V	(Type or print) DAMES homes homes hotely en DEATH M27-(1) 3 19 62
# + 9 + #	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and 3 and 3 may 2 with ours a	WIDOWED DIVORCED March 23, 1892 last birthday) Months Days Hours Min.
10 ch	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Page S Nam	Truck Driver Truck Driver U.S.A.
24 hours	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
4 8 8 8 W	Unknown Hatcher Unknown
thin Giv	a significant of the significant
\$ 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	(Yes no or unknwn) ((Ifvestive were relater of service)
uted v ltem 1 with perm any	YES WW#1 216-01-1655 Mr. JACK E. HAtcher BEI APP, MANJAND
in a lite	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: PART I, DEATH WAS CAUSED BY: PART I, DEATH WAS CAUSED BY:
execution in I	IMMEDIATE CAUSE (a) 1/P/1/1/1/ Fracture skull
ب ينو و و	900.6 DUE TO
should be	Conditions, if eny, which (b)
S S S S	geve rise to immediate cause
2 2 2 2	(a), stating the underlying cause last.
ER: This certifica	The second secon
S P. A. S.	PERFORMED? YES NO (**)
This wor	
Ho.	20a. EXTERNAL CAUSE WAS PRIMARY OF OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF OCCURRED. (Enter nature of injury in Part II or Pa
N.S. S.	
AMINI Writing Page 3 1 PRbyr	While Not While O factory, street, office bldg., etc.)
· · ·	
3.9-20 5	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
Septiment of the septim	death resulted from: Natural causes, Accident [X], Suicide, Homicide, Undetermined manner
the of age bed	9 ALD PA CHIEF MEDICAL EXAMINER BOATS, NO
In the the forward forward ared ared	SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
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DEPUTT M. CAI lease execute the certif should be forwarded FUNERAL DIRECT r its designated lagent	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 g 4 0 p	Burial March 6,1962 17th 12000 Kural Bel Hir, Harland Co, Maryland
HH	23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS. A15ME 5M 9/60	Joseph W. Foster BE AT TYPINGOND DATE MAR 6'62 Only S. True.
2W 2100 1014	
A	(Joseph W. Foster)

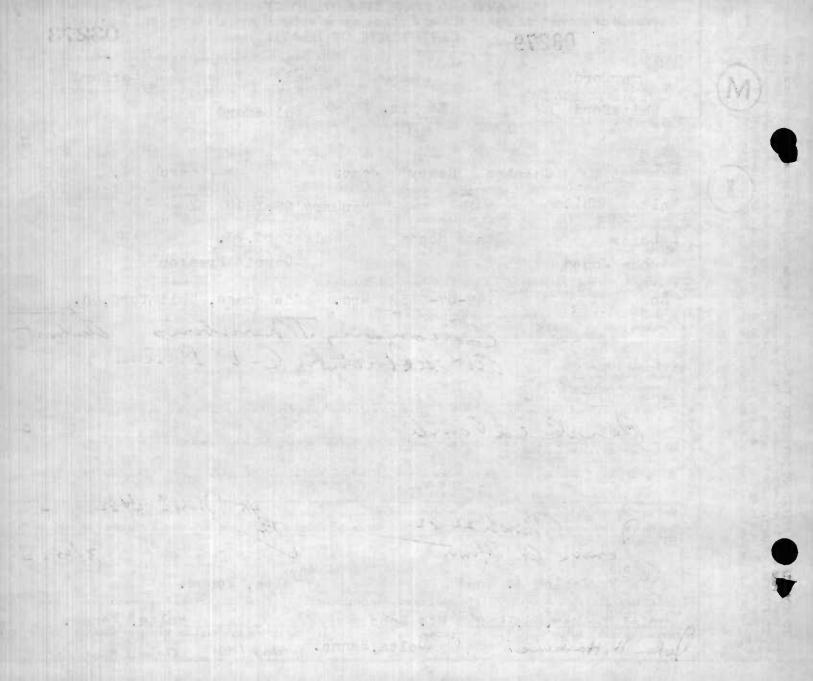
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HEALTH DEPT.		PLACE OF DEATH a. COUNTY	Harford Cou	unty	MAR	YLAND	2. USUAL RESI	Maryla	- b coll			before admission)
s necess		b. CITY OR TOWN (in write RURAL end	foutside corporate limi give nearest town) Fallston	its,	c. LENGTH OF ST	AY IN 1b	c. CITY OR TO	WN (If outside co Fallsto		e RURAL end	give nea	rest town)
for y is	0	d. NAME OF HOSPIT	AL OR INSTITUTION (if not In ho	spital, give street edd	dress)	d. STREET ADD	RESS			1	. IS RESIDENCE
ned famel	-	Lat NAME OF	urel Brook	Road					Brook R			YES NO
If any the fu refai the Star or dea	3.	DECEASED (Type or print)	First CI	LINTON	Middle N B. JAMES	3	Last	4. DATE OF DEAT		rch	Day	19 62
d 3 to ay be with 1 with 1 s afte	5.	SEX min 7 -	6. COLOR OR RACE	1		IED 8.	DATE OF BIRTH	1001	9. AGE (In years last birthday)	The same of the sa	EAR IF	UNDER 24 HRS.
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is certificated "poord" poord "poord" per use an afficient of the use amaifion of the use of the u	CATION	PART II. OTHER	SIGNIFICANT CONDIT	TIONS CON	TRIBUTING TO DEA	TH BUT NOT	RELATED TO THE T	ERMINAL DISEASI	CONDITION GIV	VEN IN PART 1		WAS AUTOPSY PERFORMED?
IEE: The wag the walk Media Schoulk	CERTIFI	20s. EXTERNAL CA PRIMARY Or CON CAUSE OF DEATH.		Ob. DESCR	IBE HOW INJURY O	CCURED. (Er	iter nature of injury i	in Pert I or Pert II :	of item 18.)			
XAMIN s, writin he Chie or to bu	MEDICAL	Hour a.m.	Month, Dey, Yes	While			E OF INJURY (Home ry, street, office bldg		ty or town)	(Count	у)	(Stete)
Do to		21. I certify the	at I took charge o	of the rem	nains described a	bove, hel	d an Autopsy	Inspection	Inqui	ry 🔲.	and in	my opinion
Out,		death resulted fr	om Natural ca	uses .	Accident	, Suicio	de . Homic	ide, U	ndetermined m	nanner A	(
Nar.			Kilo	15	roite	- le	CHIEF MEDI	CAL EXAMINER		REPORT OF		
forw forw L Di		ACTUAL SIGNATURE	194 might			~ ~ ~	M.D. ASSISTANT	MEDICAL EXAMI	NER XX		DAT	E SIGNED
DEPUT!		EXAMINER'S NAME (Type)	Rudiger Bre	eitene	cker, M.D).		DICAL EXAMINER		March 1	4.]	1962
	220	BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THERE	OF	22c. NAME OF CE	METERY OR			TION (City, town			(State)
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MARYLAND STATE DEPARTMENT OF HEALTH

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		LACE OF DEA		327				2. USUAL RE	SIDENCE	(Where dec	eesed lived, If	institution: Res	idence before edmis
	6	. COUNTY	ford			MARY	T. S. NID	e. STATE	vid.		b. COUN	Har	ford
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		White		st town)		63 yr	·s.	X	Vhite	eford			
	c	. NAME OF HOS	PITAL OR INS	TITUTION (i	f not in hospi	tal, give straat addre	ess)	d. STREET AL					e. IS RESIDE ON A FA YES NO
-		NAME OF DECEASED		First		Middle		Last	14	DATE OF	Montl	h	Dey Yeer
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		Labore				te Roads		White				US	A
	13.	FATHER'S NAME	Tonco					14. MOTHER'S A			reston		
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=		No				8-07-865 e for (a), (b), end (c		Ars. Med	dia d	ones	, Whit	erord	, INCL .
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IA: ATTENDING PHYSICIAN: The law requires that the death certificate be execut		NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	r, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	er death	1
i.		ed	ages	rs aft	
e execut		d completely fi	bon papers. P	with the State Dept. of Health prior to burial, cremation, or removal, and in Any every, within 72 hours after death	
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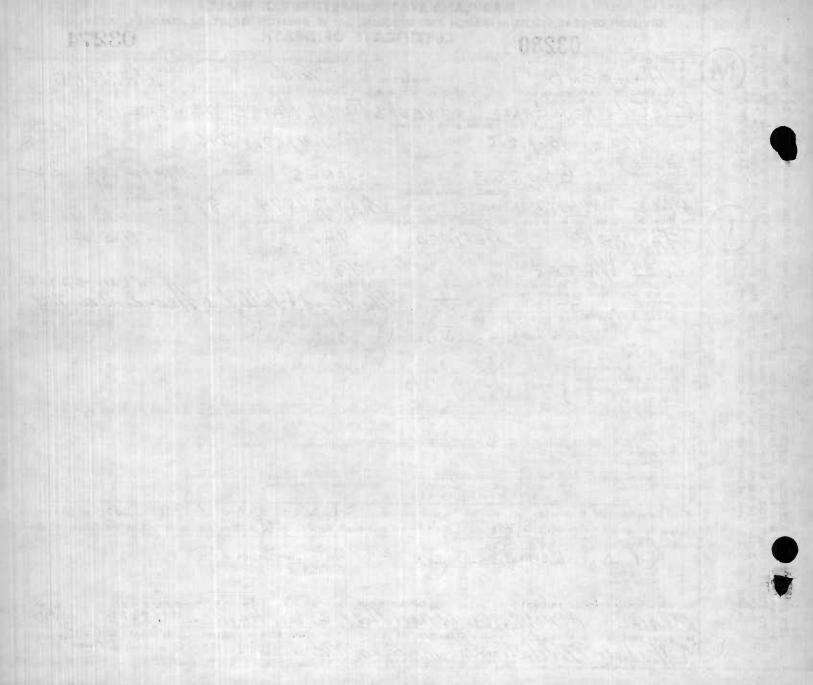
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 03280 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) COUNTY b. COUNTY ARFORD MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 a. IS RESIDENCE ON A FARM? YES NO NO DATE 3. NAME OF Yeer Middle Month DECEASED OF DEATH 196 2 (Type or print) 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED X DIVORCED USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) fectory, street, office bldg., etc.) Not While Hour e.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from....... 19. 2 and that death occured al. A.M., from the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 220. BIGNATURE SIGNED ATTENDING DIRECTOR PHYS. man M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) (State) 23c. NAME OF CEMETERY, OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify)

25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

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RYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 03283 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY b. COUNT the d MARYLAND CYTY OR TOWN (if Juta de composta limits, v c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write R þ Pages e. IS RESIDENCE 9 NA ME OF HOSPITAL INSTITUTION (if not In hospital, give street d. STREET ADDRESS ON A FARM? hours YES THE NO T completely NAME OF 4. DATE Dey Yeer Middle Month 72 DECEASED OF (Type or pont) DEATH AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX DATE OF BIRTH last birthday) and Months Days Hours WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S 14. MOTHER'S MAIDEN DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no or unkown) | (If yes give wer or detes of service) INTÉRVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: opular (localos IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO use 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached MEDICAL 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20f. (City or town) (County) Month, Day, Yeer factory, street, office bldg., etc.) Not While While Hour e.m. at work at work p.m. DIRECTOR: 1960 to Maic 26, 1962 that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from. plnods Maich 26 19 64 and that death occured at saw the deceased alive on. M. from the causes and on the date stated above, DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typ ector, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) REMOXAL (Specify) 0 256, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 MAR 2 9 '62 Clathing & Trans

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TO HOL VR AIS (4 15M 7/61	0 (1)	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) CREMOVAL (Specify) 3-27-62 HARford Mem, Hosp. 4AVre de Grace Md, ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE DATE OF BY REGI

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03286 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY the d 2 MARYLAND death. by th b. CITY OR TOWN (if ouride corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give write RURAL and give nearest town) .57 hours after filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE YES NO completely papers. 3. NAME OF Day DECEASED and c carbon k (Type or print) March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In yeers lest birthdey) Months Days Hours event, requires that the death certificate nding physician a please remove c and in any event 10e. USUAL OCCUPATION (Give kind of work done during most of working life, ever if retired) 13. FATHER'S NAME and Then p (Yes, no, or unkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) has been the he burial-transit properties. DUE TO Conditions, if eny, which geva rise to immediate cause DUE TO (a), stating the underlying ceusa lest. the he buri PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY PERFORMED? as 0 YES 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18,) 20e. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) ATTENDING be retained b fectory, street, office bldg., etc.) Hour a.m. While Not While et work et work DIRECTOR:
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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Harford Harford d the Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerast town) by write RURAL and give neerast town) .= hours after Aberdeen Rural Aberdeen Rural Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Y completely papers. 3. NAME OF 4. DATE First Middle Inch Month Dev Yeer DECEASED OF (Type or print) DEATH EMMA 19 62 ELIZABETH MCVEY March within and co 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 6. COLOR OR RACE 9. AGE (In yeers | IF UNDER 1 YEAR | 7. MARRIED WHEVER MARRIED last birthdey) Months Hours Min. Female WIDOWED DIVORCED Nov. physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, aven if ratired) U.S. Govt Clerk. ret Marvland U.S.A. cian. by the attending phrermit. Then please re-removal, and in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME law requires that the death Alexander Kalmbacker Mary Ellen Keithley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) No Herbert RD. 2, Aberdeen. C. McVey. INTERVAL BETWEEN ONSET AND DEATH permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] signed by PART I. DEATH WAS CAUSED BY: attending physici IMMEDIATE CAUSE (a) the burial-transit DUE TO Conditions, if env. geve rise to immediate ceuse DUE TO (a), steting the underlying has ceuse lest. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY certificate PERFORMED? as NO L use 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Part II of item 18.) for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, streat, office bldg., atc.) Whila Not While Hour a.m. at work at work DIRECTOR be reta 21. [certify that (1) (this hospital) attended the depeased from. 19.0 and that death occured 4:300 Mom the causes and on the date stated above. plnods the 22b. DATE 22a. SIGNA ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Street. Aberdeen. Md. Law Peter P. Rodman. 23an BURIAL, CREMATION, | 23b 23c NAME OF CEMETERY OR CREMATORY 23d. LOSATION (City, town or county) (Stete) JEMOVAL- (Secify) ÷ OF 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Tarring Tuneral VR A15 (4) barrue arthur S. Thairs 15M 9/60 162 Aberdeen. DATEAD

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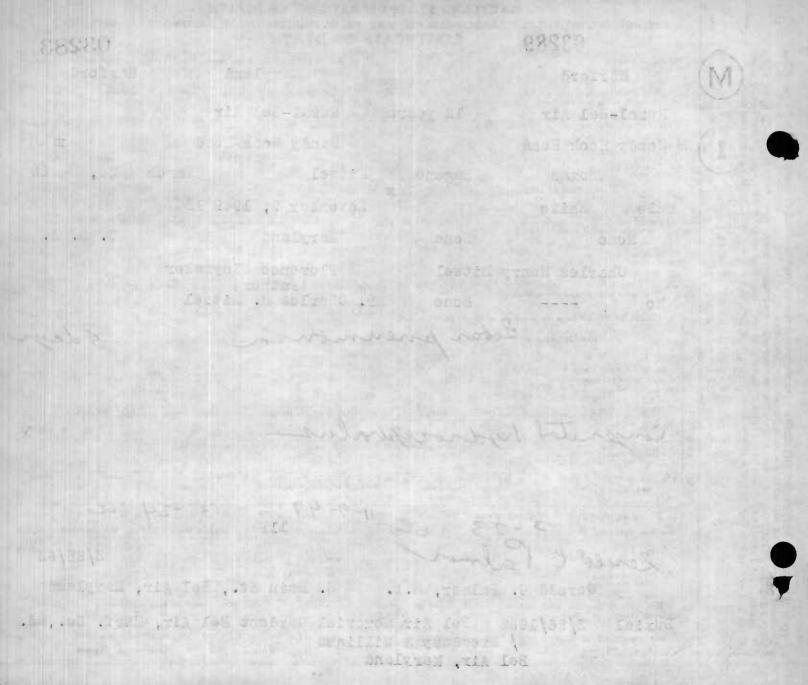
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MARYLAND STATE DEPARTMENT OF HEALTH



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ned for his Bo		4807 ###Parkway, Balto. 29, M	o. IS RESIDENCE ON A FARM?	
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AL E-ertificated ded to ECTOR		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .	d in my opinion	
DEFUTY M. AL EX. sase execute the certificate, should be forwarded to the FUNERAL DIRECTOR: Fits designated agent, prior		ACTUAL R. Breitenecker CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER AS	DATE SIGNED	
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- Bid: Ass't Foreman, Kane Varehouse Co.

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RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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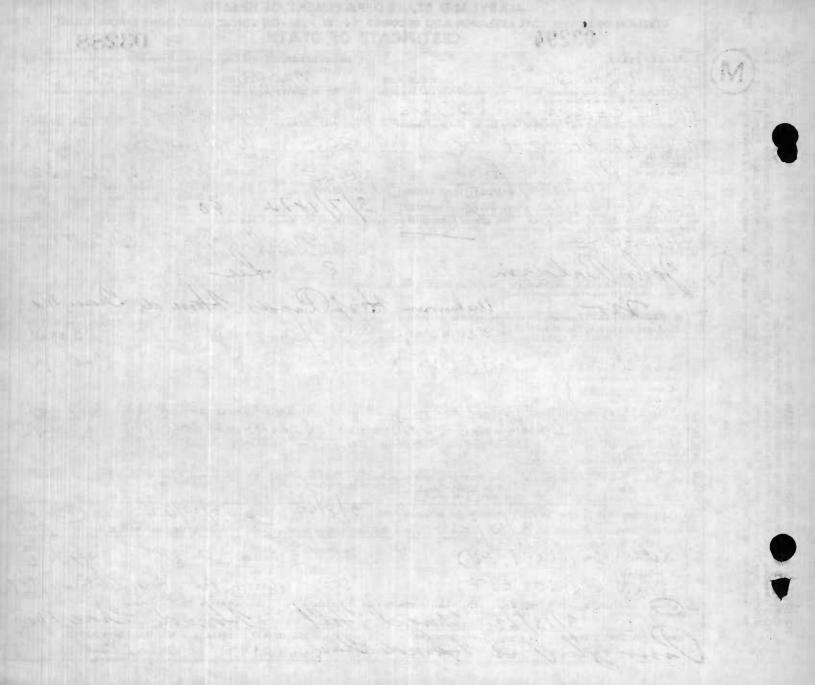
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Health, MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY-OR TOWN (If outside corporate limits, write RURAL and give neerest town write RURAL end give nearest town 16 YEARS a. IS RESIDENCE in hospital, give street eddress) YES NO 3. NAME OF Middle Last 4. DATE Month DECEASED (Type or print) 5. SEX AGE (In yeers | IF UNDER 14 EAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months October 24, 1891 WIDOWED Y DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. GOVERNMENT-Civ. SERVICE FREMAN pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SAlly HESS DAMES 16. SOCIAL SECURITY NO. | 17. INFORMANT (Sou) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address RFD#2, BOX 216 (Yes, no, or unkown) | (If yes give we ror detes of service Mr. Homer B. Patrick Dadington, Maryland NO 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO burial plnods Conditions, if eny, which (b) geve rise to immediate ceuse Ø DUE TO (a), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? 8 YES NO plno 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 3 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) 0 factory, street, office bldg., etc.) MEDI Not While Hour a.m. et work et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection and in my opinion 0 forwarded DIRECT Natural causes X Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) DEP 22a, BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Southern CEMETERY 409 March 20,1962 Dublen, Harford Co., Maryand BuriAl 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR W. Broadway and williams & regle to. Frate VS. AISME arthur & Trava DATE SM 9/60 Joseph W. Foster

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03294 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) HAURE DE GEACE e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address) d. STREET ADDRESS ON A FARM? YES NO X NAME OF Middle 4. DATE Year DECEASED OF DEATH (Type or print) IF UNDER 24 HRS. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR 5. SEX last birthday) and Months Days Hours Min. WIDOWED X DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work (County & State, or foreign country) done during most of working life, avan if retired) JUSEW, 14. MOTHER'S MAIDEN NAME FATHER'S NAME please Then please AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyasgive war or datas of servica) INTERVAL BETWEEN 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY 5 21c IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, ferm, ! (Stete) 20f. (City or town) (County) 20d, INJURY OCCURRED | 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work 10 p.m. 21. I certify that (I) (this hospital) attended the deceased from...... 10...5 08 --- 19, that (I) M. from the causes and on the date stated above. 19 and that death occured at 2 saw the deceased alive on...... DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S eath. Union AVT rector, I 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town 230. BURIAL CREMATION, | 23b. (Specify) \$ 0 5 B 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Frank DATE MAR 1 6 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. COUNTY b. COUNTY TE MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give negrest town give street eddfess) d. STREET ADDRESS . IS RESIDENCE 0 Boar ON A FARM? YES NO DATE Last Year DECEASED OF (Type or print) DEATH 6. COLOR OR RACE With 5. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? most of working tife, even if retired) 'in pencil in Item 18. Give Pages Office along with form PM3. Par burial-transit permit. File pages 1 pages 1 FATHER'S NAME On 15. WAS SECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yes, no. wkown) [(If yes give war or dates of service) a Kes Conowingo. 5518 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: days and IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause 40 DUE TO (e), steting the underlying cremation, o cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) PRIMARY OF CONTRIBUTING age 3 MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (State) (County) factory, street, office bldg., etc.) et work X et work prior 21. A certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Suicide death resulted from: Natural causes Homicide Undetermined manner Accident its designated ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 940 onow 24a. REC'D BY REGISTRAR I REGISTRAR'S SIGNATURE VS. A15ME DATE 5M 9/60

A tree was the all with ENTER BORT Yard Vrying Jayson Rakes Lucke Well 313-14-8374 M. Cossie Kakes Conow hear Ald. went 3-13 1162 concurred Com Concurred Edward The Lan Rising San Mdie an

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY necessary, ector. Page b. COUNTY files. b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) director. write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Havre de Grace d. STREET ADDRESS 3 to the funeral retained he State B Harford Memorial Hospital Swann Harbor Dell NAME OF Middle Month DECEASED OF (Type or print) DEATH pe March with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19, AGE (In yeers IF UNDER 1 YEAR 8. DATE OF BIRTH 2 with after de ss 1, 2, and 3 last birthdey) Months WIDOWED . DIVORCED 4 hours after Pages 1, 2, an 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign count done during most of working life, even if retired) Nurse's Aid Hospital Penna.. pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John F. Smith Emma Hoover 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Office along with Wilbur E. Shue Havre de Grace Maryland. 162-10-1723 certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), burial-transif PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Laceration hepatic artery "pending" in pencil DUE TO Conditions, if any, which Truma (b) gave rise to immediate cause ro Medical Examiner's DUE TO (e), steling the underlying Ö pesn cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 99 please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be or its designated agent, prior to burial, cremat 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Not known 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) factory, street, office bldg., etc. Hour a.m. While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection T Inquiry T death resulted from: Natural causes Accident Suicide Homicide | T Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE Bel Air. Md. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) 220. BURIAL, CREMATION, 225. D Address (Street, city, town, or county) AME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or REMOVAL (Specify) Air Memorial Gardens | Bel Air Harford, Maryland DRESS | 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. EUNERAL DIRECTOR ADDRESS VS. AISME 5M 9/60 arthur & House Comas & Son, Abingdon, N Maryland,

ARYLAND STATE DEPARTMENT OF HEALTH

Harford

e. IS RESIDENCE ON A FARM?

YES NO L

19 62 IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

U.S.A..

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(County)

NO

(State)

and in my opinion

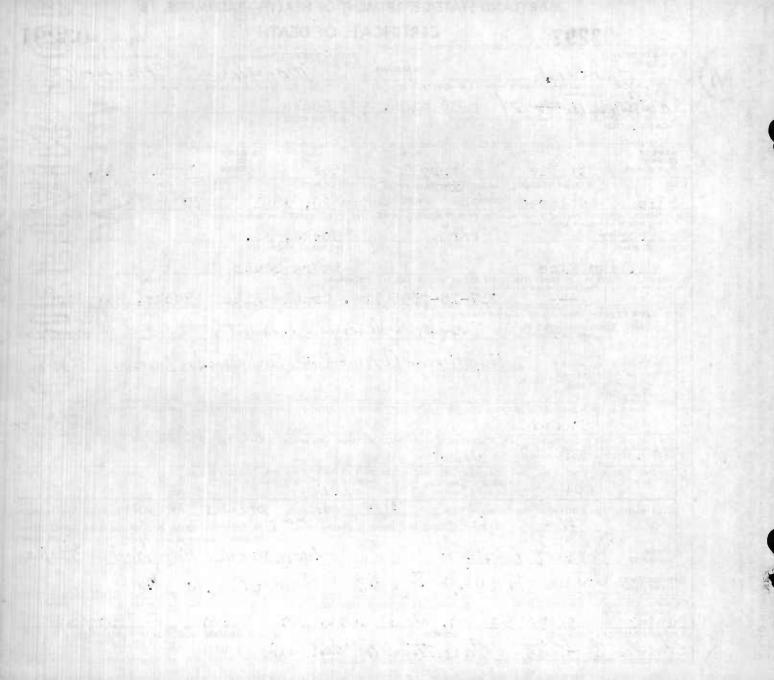
DATE SIGNED

(State)

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CERTIFICATE OF DEATH Reg. Dist. No. 329 with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND artopo funeral b. CITY OR TOWN (If outside corporate limits, write e c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) by the fune d 2 should 1 d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION mins Rocks d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T puo 2 NAME OF First Middle Last 4. DATE Month Day Yeor filled Pages DEATH (Type or print) Stillie Carroll Rice March 19 62 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED B. DATE OF BIRTH campletely lost birthdoy) Months Dovs Hours Min. DIVORCED | WIDOWED | Male papers. YES. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Rocks. and Farm pou Laborer after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Car requires that the death certificate William Laura Sands remove haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address offending 7-18-255 Mrs. Creola Rocks. Maryland edse within CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ă PART I. DEATH WAS CAUSED BY: mmediate IMMEDIATE CAUSE (o' DUE TO enischrotic Cardiovoscular Disease Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underand lying couse lost. physician O PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc. Hour o. m While Not while NONE ot work WOWE ot work p. m ___ 19___,that I lost sow the deceased 21. I certify that I attended the deceased from -. to and that death occurred at 20 P'M, from the couses and an the date stated above. alive on TO FUNERAL DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL pe SIGNATURE Pri 3 shauld PHYSICIAN'S registrar NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county (Stote) page REMOVAL (Specify) he lethodist Rocks 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Thank VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03298 funeral . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Harford arford by the land 2 sideath. MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearast town) c. LENGTH OF STAY IN 1b write RURAL and give neerast town) Cardiff months ardiff ₽. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO X completely papers. 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF (Type or print) DEATH ELLEN JANE ROBERTS 1962 March Wil. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthdey) and Months Hours emale WIDOWED T DIVORCED October 2,1881 physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. 12. CITIZEN OF WHAT COUNTRY? remove BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired USA Housewife Cardiff, Md. 13. FATHER'S NAME attending Thomas Parry Carrie Stull a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) Miss Anna Parry. Cardiff. Md. No attending physician. as been signed by th 1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) arteris selevois DUE TO Conditions, if eny, which (b) gave rise to Immediate ceuse DUE TO (e), steting the undarlying causa last. (c) certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? 98 NO Z 20a, ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 1 MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m. CTOR: 1962 to Mench 1219 G2 that (1) (we) last 10.1962, and that death occured at 5.32M, from the causes and on the date stated above. saw the deceased alive 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 3-14-62 PHYS. M.D. 22d. ADDRESS 220 PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Slate Ridge Buria 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE MAR 1 6 '62 anthun S. Huma Delta. Penna. 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

hours after

The law requires that the death certificate be

5185233 2 * F The state of the s Comment Cour Helicon Car when tilling pelance in all a great way THE THAT PERSON astin of Life or of the . An state to the state of the

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacased livad, If Institution: Rasidanca bafora admission director. Page or your files. a. COUNTY b. COUNTY necessary MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN of outside corporate limits. c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town writa RURAL and give nearest town S d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE or ON A FARM? YES NO K be retained State NAME OF DATE Month Day Yaar DECEASED OF 3 to the the DEATH (Typa or print) 19 after 2 with 8. DATE OF BIRTH AGE (In years | IF UNDER YEAR 5. SEX 6. COLOR OR RACE IF UNDER 24 HRS 7. MARRIED NEVER MARRIED es 1, 2, and 3 Page 5 may 1 and 2 wil last birthday) Months Days rg" in pencil in Item 18. Give Pages 1, 2, and 's Office along with form PM3. Page 5 may a burial-transit permit. File. WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired) S .V. Hospital Germany Attendant File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Schuette Maria Sagel event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Rural (Yes, no, or unkown) (Ifyesgiyawarordalesofsarvica) Dorothy B.Schuette, Port Deposit, Md. any 756 CAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per lina for (a) .= ONSET AND DEATH I. DEATH WAS CAUSED BY and IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which certificate, writing the word "pending" rded to the Chief Medical Examiner's gave rise to immadiata causa 50 DUE TO (a), stating tha undarlying as cremation, or causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO plnods DESCRIBE HOW INJURY OCCURED. (Entar halura of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING burial, CAUSE OF DEATH should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State 20c. TIME OF INJURY factory, street, effice bldg., atc.) Not Whila al work 21. I certify that I look charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER please execute DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) ddrass (Straat, city, town, or county DEP 22a. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (State) -1962 Asbury Cemetery Port Deposit Md. Rural 40 0 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS CAL DIRECTOR VS. A15ME OMPerryville .Md. DATE MAR 13'62 arling S. Moura-5M 9/60

Strau saronios . Manufaccoul red. estables . a thitona a Pay 5-02-21 at a few for the state of the second of the

USUAL RESIDENCE (Where deceased lived, If Institution: Rasidence before edmission) PLACE OF DEATH e. COUNTY a. STATE b. COUNTY HARFORD MARYLAND MARYI AND BALTIMORE

c. CITY OR TOWN (II outside corporale limits, write KURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) HAVRE DE GRACE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO HOSP ITAL 1412 KENT ROAD 3. NAME OF Middle Month DECEASED (Type or print) DEATH 1962 WITTIES 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In yeers last birthday) Months WIDOWED DIVORCED Male 10b. KIND OF BUSINESS OR INDUSTRY 9. BIRTHPLACE (Siete or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! Iron Mountain . Pages U.S.A. Service Station pages 1 within operator 18. Give Page form PM3. F 14. MOTHER'S MAIDEN NAME it. File Alonza Snider Ida Evans 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgive war or dates of service) Hilda L. Snider, 1412 Kent Road none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Aspiration of blood IMMEDIATE CAUSE (a) DUE TO burial should gunshot wounds of head and neck Conditions, if any, which gave risa to immediate cause DUE TO (a), stating the underlying SE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19, WAS AUTOPSY CERTIFICATION PERFORMED? pe plnous 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) EXAMINER: CAUSE OF DEATH. Shot in armed robbery at Savon Gas Station, Joppa, Md. Chief age 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stata) fectory, street, office bldg., etc.) While Not While et work at work 3-4 1,62 Balto. Maryland Gas Station Joppa OR: 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection ... Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide K Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I DEPUTY MEDICAL EXAMINER RUSSELL S. FISHER, M.D. NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 3/8/62 ₽40 g Mt. Herman Cemetery Cumberland, Md. 24a. REC'D BY REGISTRAR ! 24b. REGISTRAR'S SIGNATURE VS. A15ME James Scarpelli Funeral Home, Cumberland, Md. Chilling S. Hours

ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after 2. USUAL RESIDENCE (Where deceased fived, If Institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) = pe NAME OF HOSPITAL OR INSTITUTION (if not in hospitel d. STREET ADDRESS NAME OF DATE Mont DECEASED OF comp DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months | 4,1900 WIDOWED DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Own Home 0050 please 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending Then please 15. WAS DECEASED EVER'IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO requires that the (Yes, no, or unkown) | (If yes give wer or dates of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying cause last. NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION Se o 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour e.m. et work et work 21. | certify that (I) (this hospital) attended the deceased from I. M.L. By be IRECT 19.62, and that death occurred at 7.3.7M, from the causes and on the date stated above. 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. page 22d, ADDRESS 22c. PHYSICIAN'S director, pbe filed w clarence Benson 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 238. BURIAL CREMATION, | 23b. DATE THEREOF 3-21-1962 Asbury Cemetery

VR A15 (4) 15M 7/61

FUNERAL DIRECTOR'S SIGNATUR

ADDRESS

DYLAND STATE DEPARTMENT OF HEALTH

Deposit .md .Rura]

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Perryville .Md . DATE MAR 2 1 '62

(County)

. IS RESIDENCE

IF UNDER 24 HRS.

INTERVAL BET

PERFORMED? NO M

(Stata)

22b. DATE

(State)

SIGNED

Deys

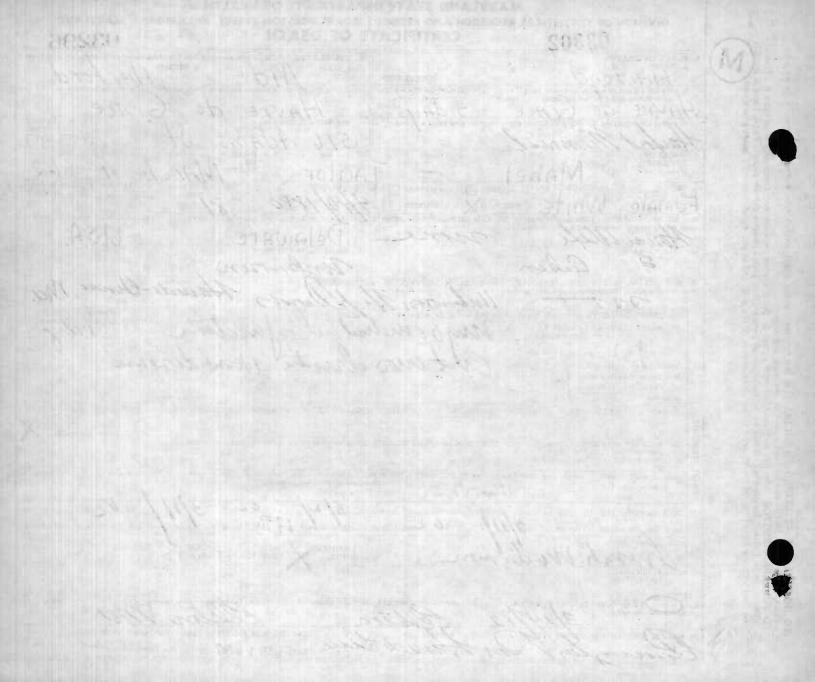
ON A FARM? YES

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03302 funer PLACE OF DEATH 2. USUAL RESIDENCE (Whare decaased lived, If institution: Residence refore admission) a. COUNT b. COUNTY e. STATE d the MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) le e. IS RESIDENCE Pe MOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ON A FARM? YES NO . completely NAME OF Middle DATE Month Day Yaeı OF DECEASED (Type or print) DEATH and cor AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS OR RACE 7. MARRIED NEVER MARRIED 9. 6. COLOR DATE last birthday) Months Days Min. Hours WIDOWED DIVORCED remove physician 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give king of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) g most of working life. awn if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ease d in a Then please and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM removal, (Yas, no, or unkown) | (Ifyes give war or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate ceuse DUE TO (a), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY CERTIFICATION PERFORMED: NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from... . That (I) (we) last Q.M., from the causes and on the date stated above that death occured saw the deceased alive on...... and 22b. DATE SIGNATURE 22a. ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. PHYS. M.D PHYSICIAN'S 22d. ADDRESS NAME (Type) HOSPF ath. FUNE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town or county) (Stete) 23a. BURIAL CREMATION, | 23b. DATE THEREOF MOVAL (Specify) 0.58 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Chilms S. Thomas 15M 7/61 DATE MAR

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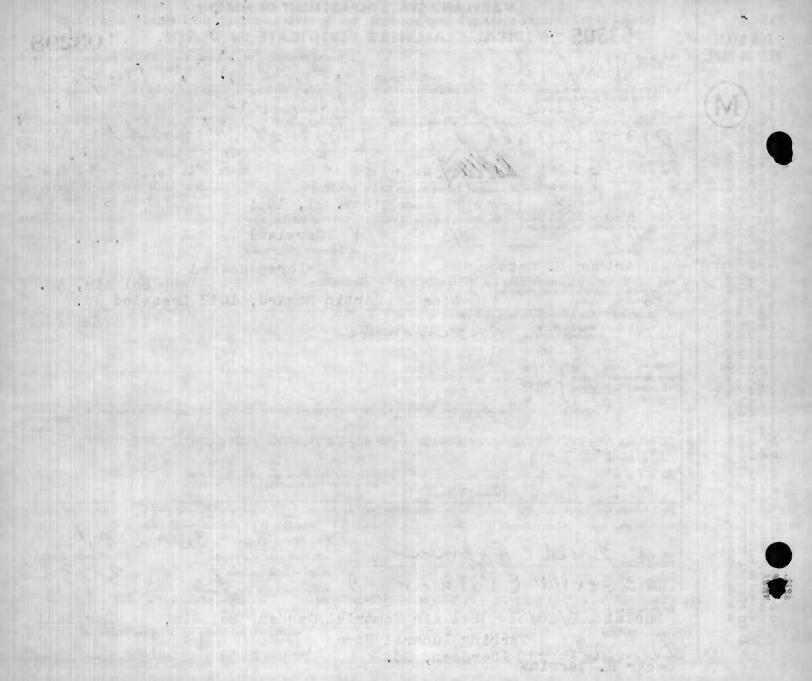
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- an		03303 CERTIFICATE OF DEATH 03297
s after funeral should	-	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission)
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endin n ple		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
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मुं के बंद के		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) Hour a.m. While Not While at work at work at work
of Afa		Hour a.m. While Not While at work at work
ept.		21. I certify that (I) (this hospital), attended the deceased from 2/16/62
E FEE		saw the deceased alive on 3/6/62 19 and that death occurred at 1:000A from the causes and on the date stated above.
BECT Should State		CO CIGNATURE 22b DATE
		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 3/10/62 SIGNED
SRAL D page 3 with the	1	22c. PHYSICIAN'S 22d. ADDRESS
ERA Pag with	1	NAME (Type) Robert A. Barthel, M. D. Forest Hill, Md.
HOSTA sth. Se FUNERA! ector, page filed with		23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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H		Burial Mar. 13, 1962 Bel Air Gardens Delair, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 9/60	By	John H. Harling Delta, renna. DATE MAR 13'62 archur & Trans

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1	,	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- =-/	1	03304 CERTIFICATE OF DEATH 04615
afte	IXI)	1. PLACE OF DEATH
the fu	/	o. COUNTY HOR OR MARYLAND B. STATE M. J. B. COUNTY Cecil
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ithir led	7/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET, ADDRESS ON A FARM?
		Har Tord Memorial Hospilal Shady Surrece Trailer a YES NO
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9 6 6	-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
The The	PAO	(Yes, no, or unkown) (Ifyesgive were relates of service) John M. Ward P. t. Dekert Md
s the	E E	18. CAUSE OF DEATH [Enter only one cause possible for (e), (b), end (c).]
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N: or a he h	ouria	cause last. (c) (c) CANALL CAMPAIN CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 119. WAS AUTOPSY
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100	ŧ.	AS MINE M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIRECTOR 3/3//62
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S. J. S.	6	
H 8 L 9	Ē	23a. BURIAL, CREMATION, 23b. DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
HH		Burial 4/2/62 helding Mapel am Club Caunty Ind
VR A1S (24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Elkton, Md. DATE 19 62 Only & Kland
	W.	Harpen 6. Harres Istantia

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to 1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
FOR STATE	1	03305 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03208
HEALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. COUNTY	sidance bafora admission)
Page lles.		MARYLAND MARYLAND	rford
		b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give mearest town) A Leaden c. LENGTH OF STAY IN 1b 28 A Leaden	glye nearest town)
> Po to		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) D 13-2 Putchard Ame D 13-2 Putchard	•. IS RESIDENCE ON A FARM? YES NO M
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TO . = 0	5.	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	
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s 1, s age age 1 and 72	do	na during most of working life, even if retired)	S . A .
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
within 24 form PM. ii. File pare	15.	Arthur H. Watson Delores Howard was deceased ever in u.s. armed forces? 16. social security No. 17. INFORMANT Address Bel	Adm Md
	(Ya	No No Martin Howard, 1012 Leeswood	
executed vill in Item 1 long with ansit perm		18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
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	18	Conditions, if any, which (b)	
- 0 - 0		(a), stating the underlying DUE TO (c)	
	HON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
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IER: ig the if Me 3 sho irial,		PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
ICAL EXAMINER: This ce ceute the certificate, writing the word be forwarded to the Chief Medical EXAL DIRECTOR: Page 3 should be ignated agent, prior to burial, cremat	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 bt work 4 at work 5 at work 6 at work 7 count 6 count 7 cou	y) (Stata)
ficate, to the FOR: F			and in my opinion
Certi Certi Certi Gent Gent		death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	
DIE IX ICAI CALIFORNIA STRONG TO THE STRONG		ACTUAL SIGNATURE LEVALUE COLOR ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL	DATE SIGNED
executed by the Market of the		EXAMINER'S Gerald CPalmer ul DEPUTY MEDICAL EXAMINER (Address (Street, city, town, or county)	-25-62
or its	228	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(State)
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10	/	Oscar R. Tarring	



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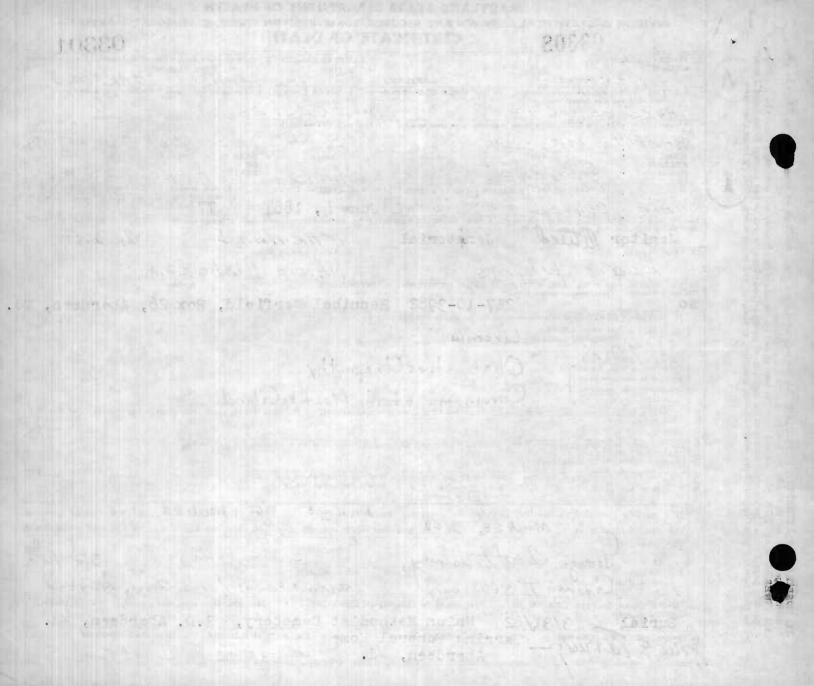
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PYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03308 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY HARFORT MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) dE HAVEE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO D DECEASED (Type or print) DEATH 8. DATE OF BIRTH RACEYT, MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) WIDOWED D DIVORCED [June State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, evan if refired) Janitor Janatorial 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive weror detas of service) Hannibal Warfield, Box 26, Aberdeen, No 217-10-3982 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUF TO Obstructive Uropathy geve rise to immediate cause DUE TO (e), steting the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED I 20f. (City or town) (County) (Stale) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc. Hour a.m. While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from January 3, 1962, to March 28, 1962, that (I) (we) last saw the deceased alive on March 28, 1962, and that death occurred at 4,500, from the causes and on the date stated above. 22e. SIGNATURE SIGNED DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 569 Revolution St. Haurede Grace. 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City, town or county) REMOVAL (Specify) & di OH Union Methodist Cemetery. R.D. Aberdeen. Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE TarringADTuneral Home VR A15 (4) Aberdeen, Md. arthur & Time DATE APR 4



DIVISION OF STATISTICAL RESEARCH AND RECO 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03309 neral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY ARFORD MARYLAND ARFORD b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and giva neerest town) 2 HITEFORD AURE DE (TRACE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF complete First Middle Lest 4. DATE Month Yeer DECEASED OF (Type or print) physician and comp DEATH March 62 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) OUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending ORENCE d SOCIAL SECURITY NO. 17. INFORM (Yes, po, for unkown) | (Ifyesgivewer or dates of service) HITEFORD 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X use 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (Stata) fectory, street, office bldg., etc.) Hour a.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from. and on the date stated above. DIREC saw the deceased alive onc19.6. Z and that death occured 22a. SIGNATURE DAJE 22b. ATTENDING! MED STAFF SIGNED DIRECTOR 72c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 23a, BURIAL, CREMATION, | 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Orlhur S. France

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N: The law requires that the death ce or attending physician. e has been signed by the attending phy the burial-transit permit. Then please reburial, cremation, or removal, and in ar		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MRS & LIZABETH WATT, HAVIE DEG. LINGER SHAPE OF DEATH (Serve only one state of the low) of the security of	MONS				
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate ceuse (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS DESCRIPTION.	Bufls				
G PHYSICIA by the hospital er this certificat hed for use as lealth prior to		206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ORMED? NO (Stete)				
ATTENDING be retained be I DIRECTOR: Affe e 3 should be detact the State Dept of H		Hour e.m. p.m. 19 While at work el work fectory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from	(we) last				
TO HOSP AND TO FUNERAL DESCRIPTION OF THE PAGE AND THE PA	R	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS PART DEPOSIT 23d. LOCATION (City, town or county) REMOVAL (Specify) MAR, 20/962 ANGEL HILL GM. ADDRESS ANGEL HILL GM. PANDED F GRACE ADDRESS ADDRESS DATE MAR 2 1 '62 Outland S. Kroma	(Stote)				
		1-000406					

